



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000100793		2. Exact name of the Corporation PICERNE-TOA ALTA, INC.					
3. Principal Office Address 75 LAMBERT LIND HIGHWAY			City WARICK	State RI	Zip 02866		
4. NAICS Code 53 - Real Estate and Rental		6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE BY PURCASH, EXCHANGE, LEASE, HIRE OR OTHERWISE, REAL PROPERTY OF EVERY KIND. TITLE: 7-1.1-51					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name JOHN PICERNE			Vice-President Name				
Street Address 75 LAMBERT LIND HIGHWAY			Street Address				
City WARICK	State RI	Zip 02866	City	State	Zip		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		100		STK		1.0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.							
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Representative JOHN PICERNE						Date 5/16/17	
Signature of Authorized Representative 						FILED <i>C</i>	
						MAY 18 2017	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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